

Below are a list of diseases which may seem unrelated to the purpose of your appointment. However, these questions must be answered carefully as these problems can affect your overall course of care.

**CHECK ANY OF THE FOLLOWING DISEASE'S YOU HAVE HAD:**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Pneumonia       | <input type="checkbox"/> Small Pox     | <input type="checkbox"/> Arthritis       |
| <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Diabetes      | <input type="checkbox"/> Epilepsy        |
| <input type="checkbox"/> Polio           | <input type="checkbox"/> Cancer        | <input type="checkbox"/> Mental Disorder |
| <input type="checkbox"/> Tuberculosis    | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Eczema          |
| <input type="checkbox"/> Whooping Cough  | <input type="checkbox"/> Thyroid       | <input type="checkbox"/> Anemia          |
| <input type="checkbox"/> Pleurisy        | <input type="checkbox"/> Gout          | <input type="checkbox"/> Other           |

Have you been tested HIV positive?  Yes  No

**HEALTH HABITS:**

- Alcohol (>2 drinks per week)  
 Cigarettes  
 Do You Exercise Regularly?  
 Yes  No  
 How would you rate your nutrition?  
 Excellent  Fair  Poor

**CHECK ANY OF THE FOLLOWING YOU HAVE HAD**

**MUSCULO-SKELETAL CODE**

- Low Back Pain  
 Pain between Shoulders  
 Neck Pain  Shoulder Pain  
 Arm Pain  Mid back Pain  
 Joint Pain/Stiffness  
 Walking Problems  
 Difficult Chewing/Clicking Jaw  
 General Stiffness  
 Muscle Twitching/Spasms  
 Swollen Joints  
 Pain Legs/Feet  
 Sciatica

**NERVOUS SYSTEM CODE**

- Nervous  Loss of Balance  
 Numbness  
 Dizziness  
 Forgetfulness (Memory/Concentration)  
 Depression  
 Convulsions  
 Numb/Tingling Extremities  
 Stress

**GENERAL CODE**

- Fatigue/Low Energy  
 Allergies/Hay fever  
 Loss of Sleep/Trouble Sleeping  
 Fever  
 Headaches  
 Inner Tension/Stress  
 Irritability

**GASTRO-INTESTINAL CODE**

- Poor/Excessive Appetite  
 Excessive Thirst  
 Frequent Nausea  
 Vomiting Diarrhea  
 Constipation  
 Hemorrhoids  
 Liver Problems

- Gall Bladder Problems  
 Weight Trouble  
 Abdominal Cramps  
 Indigestion  
 Gas/Bloating after Meals  
 Heartburn  
 Black/Bloody Stool  
 Colitis  
 Ulcers

**GENITO-URINARY CODE**

- Bladder Trouble  
 Painful/Excessive Urination  
 Discolored Urine  
 Kidney Trouble

**CARDIO-VASCULAR CODE**

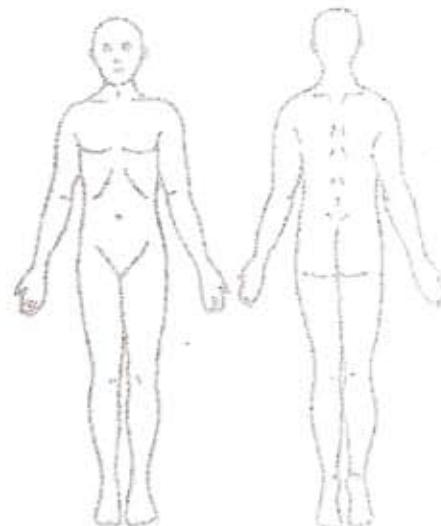
- Chest Pain  
 Shortness of Breath  
 High Blood Pressure  
 High Cholesterol  
 Irregular Heartbeat  
 Heart Problems  
 Lung Problems/Congestion  
 Varicose Veins  
 Ankle Swelling  
 Stroke  
 Asthma

**EENT CODE**

- Vision Problem  
 Dental Problems  
 Sore Throat  
 Ear Ache  
 Hearing Difficult  
 Sinus Trouble  
 Loss of Smell  
 Loss of Taste  
 Ringing in ears

**MALES ONLY CODE**

- Prostate  
 Sexual Dysfunction



Please outline on the diagram the area of your discomfort.

**FAMILY HISTORY**

- The following members have the same or similar problem as I do:  
 Mother  
 Father  
 Brother  
 Sister  
 Spouse  
 Child

**FEMALES ONLY**

- Menstrual Irregularity  
 Menstrual Cramps  
 Vaginal Pain/Infection  
 Breast Pain/Lumps  
 Other

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

When was your last period?

- Are you pregnant?  
 Yes  No  Not Sure